Central Virginia SBDC Confidential Pre-Counseling Questionnaire

*Please return to admin@cvsbdc.org*

Principal/Partner/Owner/: ______________________________
Business/Start-up Name: ______________________________

The following information is requested to enable us to serve you more effectively and comply with the terms of our funding agencies. Provision of this information is not required, but your cooperation will be greatly appreciated. All information will be held in strict confidence.

1. What is your business or business idea? (i.e., major products/services sold)
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

2. Why do you think there is a need for your product or service?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

3. Who are your customers? (i.e., age, gender, income, etc). Why would they want to buy your products or services?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

4. Who are your competitors and what are their strengths and weaknesses?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

5. What is the competitive edge you have over your competition?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

6. How are you going to promote your business? (i.e., coupons, mailings, press releases)
________________________________________________________________________________
________________________________________________________________________________
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7. What experience or qualities do you have that would help you to operate the business successfully?

________________________________________________________________________________

________________________________________________________________________________

8. Are you currently employed? If so, for whom do you work? What is your position?

________________________________________________________________________________

________________________________________________________________________________

9. Why have you decided to go into business? List your top three reasons.

1. ____________________________________________
2. ____________________________________________
3. ____________________________________________

10. What date did you start, or plan to start your business?
    Starting Date: _______________
    Planned Start Date: _______________

11. What is your estimate of how much it will cost to start the business? If you need help financing your business what is your estimate on the amount needed?

________________________________________________________________________________

________________________________________________________________________________

12. What key challenges concerning your business/business idea do you want to address with the SBDC staff?

________________________________________________________________________________

________________________________________________________________________________

FOR EXISTING BUSINESSES:

6. Please provide the following financial information for the business (estimates/approximations are fine):

$_________ Assets $_________ Liabilities $_________ Balance sheet net worth

This information reflects the situation as of _______________ (supply date).

7. Please provide the following information for your most recent quarter or year.

$_________ Gross sales or receipts $_________ Export sales or receipts

$_________ Profit or loss $_________ Cost of goods sold and/or operations

$_________ Total payroll (as reported to VEC)

$_________ Owner(s) compensation (include fringe benefits)

This information is for the _____ quarter / _____ year ending _______________
FOR START-UPS:

8. How much experience do you have in the type of business you are starting?
   _____ Less than 1 year ______ 1 – 3 years _____ 3 – 5 years _____ More than 5 years

9. Educational level of owner(s): Major field of study
   _____ Not a high school graduate
   _____ High school graduate
   _____ Trade school graduate _______________________________
   _____ College graduate _______________________________

10. Age of owner(s):
     _____ Under 21 ______ 21 to 29 ______ 30 to 39
      _____ 40 to 49 ______ 50 to 59 ______ 60 and over

11. How would you describe your credit rating?
    _____ Poor If you have filed for bankruptcy, in what year? ___________
    _____ Fair _____ Good _____ Excellent

12. What equity/assets can you commit to the start up of the business?

*Please attach any relevant documents that may help us determine how we might serve you. You may want to include financial statements (actual or proforma), business plans, resumes of yourself and partners/officers, previous studies of your business or venture, literature, diagrams, photos, etc.

Please call the Central Virginia Small Business Development Center offices if you have any questions.

Thank You.

Date Prepared:______________________ Prepared by:__________________________

Name:___________________________ Title:___________________________
   (Owner, President, Partner, etc.)